

UNITED STATES SECURITIES AND EXCHANGE C Washington, D.C. 2054



OMB APPROVAL ımber: 3235-0076

May 31, 2005

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NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

FORM D

SEC USE ONLY						
Prefix	Serial					
DATE I	RECEIVED					

				
ame of Offering (□check if this is an Atrium 2002 CDO Plan, L.P.	amendment and name has changed, and	d indicate change.)	117	8214
iling Under (Check box(es) that apply): Rule 504 Rule 505	Rule 506	Section 4(6)	ULOE
ype of Filing: ⊠New Filing	□Amendment			
	A-BASIC IDENTIE	ICATION DATA		Contract of Contract
Enter the information requested about	it the issuer			
lame of Issuer (Check if this is an	amendment and name has changed, and	indicate change.)		
Atrium 2002 CDO Plan, L.P.				
Address of Executive Offices 466 Lexington Avenue, New Yo		, City, State, Zip Code)	Telephone Number (I (212) 875-3960	ncluding Area Code)
Address of Principal Business Operation f different from Executive Offices)	ns (Number and Street,	, City, State, Zip Code)	Telephone Number (I	ncluding Area Code)
Dalla C.D				
Brief Description of Business	tnovohin			•
Special purpose investment par	rtnership			
Special purpose investment par				
Special purpose investment par ype of Business Organization □corporation	□ Iimited partnership, alread	•	her (please specify):	JUL 3 0 200
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Special purpose investment par ype of Business Organization □corporation	□ Iimited partnership, alread	•	her (please specify): Year	JUL 3 0 200
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Special purpose investment particles of Business Organization Corporation business trust Cetual or Estimated Date of Incorporation or Organization or Organizat	☑ limited partnership, alread ☐ limited partnership, to be ion or Organization: gation: (Enter two-letter U.S. Postal Se	formed Month 0 6 0	Year 2 ⊠ Actual	JUL 3 0 201 THOMSON FINANCIAL
Special purpose investment participation Corporation Dusiness trust Actual or Estimated Date of Incorporation University Corporation of Corporation or Organize Corporation Corporati	☑ limited partnership, alread ☐ limited partnership, to be ion or Organization: gation: (Enter two-letter U.S. Postal Se	formed Month 0 6 0 ervice abbreviation for Soreign jurisdiction)	Year 2 ⊠ Actual State: D E	JUL 3 0 200 THOMSON FINANCIAL □ Estimated

Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice ATTENTION

shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

A BASIC DENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☑ Promoter ☐Beneficial Owner ☐ Executive Officer ☐ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Credit Suisse Asset Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 466 Lexington Avenue, New York, NY 10017 ☐ Executive Officer General and/or Check Box(es) that Apply: □ Promoter ☐Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) **CSAM Capital Inc.** Business or Residence Address (Number and Street, City, State, Zip Code) 466 Lexington Avenue, New York, NY 10017 ☐Beneficial Owner M Executive Officer □ Director ☐General and/or Check Box(es) that Apply: □Promoter Managing Partner Full Name (Last name first, if individual) Hal Liebes Business or Residence Address (Number and Street, City, State, Zip Code) 466 Lexington Avenue, New York, NY 10017 Check Box(es) that Apply: ☐Beneficial Owner ☑ Executive Officer Director ☐General and/or □ Promoter Managing Partner Full Name (Last name first, if individual) John Popp Business or Residence Address (Number and Street, City, State, Zip Code) 466 Lexington Avenue, New York, NY 10017 Check Box(es) that Apply: □Promoter ☐Beneficial Owner ☑ Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Matthew C. Moss Business or Residence Address (Number and Street, City, State, Zip Code) 466 Lexington Avenue, New York, NY 10017 ☐ Executive Officer Check Box(es) that Apply: ☐Beneficial Owner ☐ Director ☐General and/or □Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐Beneficial Owner ☐ Executive Officer ☐ Director □Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A BASIC DENTIFICATION DATA

- 2. Enter the information requested for the following:
 - · Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Managing Partner	□Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Full Name (Last name first, if ir	idividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Code)			
Check Box(es) that Apply:	□Promoter	□Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Address	(Number and St	treet, City, State, Zip Code)	,		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	☐General and/or Managing Partner
Full Name (Last name first, if in	dividual)		<u></u>	···· <u>·</u>	
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐ Executive Officer	☐ Director	□General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
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Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
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1.	Has th	e issuer sold	l, or does the	issuer inten	id to sell, to	non-accredi	ed investors	in this offer	ing?				×
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2.	What i	is the minim	um investme			• •		-			• • • • • • • • • • • • • • • • • • • •	\$5,2	88_
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3.	Does t	he offering	permit joint	ownership of	f a single un	it? ,					• • • • • • • •	⊠	
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Busin	ness or I	Residence A	ddress (N	umber and S	treet, City, S	State, Zip Co	de)						
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Nam	e of Ass	ociated Bro	ker or Deale	r									
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" is answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Offering Price Sold Type of Security Debt\$ 0.5 0 \$ Λ ☐ Preferred 235.000 Partnership Interests \$.000 \$ 235.000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount Aggregate of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Dollar Amount of Purchases Investors Accredited Investors 0 \$ Non-accredited Investors Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C -Question 1. Dollar Amount Type of offering Type of Security Sold Rule 505 Total___ _____\$____ Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees 🚨 \$____ 0 0 Ω 0 Other Expenses (identify) Administrative Fees 5,000 Total 🖾 \$ 30.000 5 of 6 SEC 1972 (2/99)

Question 1 and total expenses furnished	aggregate offering price given in response in response to Part C – Question 4.a. This r."	s difference is		\$	205,00
used for each of the purposes shown. estimate and check the box to the left of	sted gross proceeds to the issuer used or property of the amount for any purpose is not know the estimate. The total of the payments listed or set forth in response to Part C - Question	vn, furnish an ed must equal			
			Payments to Officers, Directors & Affiliates		Payments to Others
Salaries and fees		□ \$ _	_ 	_ 🗆 💲 _	
Purchase of real estate	••••	🗆 s _		_ 🗆 s	
Purchase, rental or leasing and inst	allation of machinery and equipment	□ \$ _		_ □ \$ _	
Construction or leasing of plant but	ildings and facilities	□ \$ _		_ 🗆 s _	
Acquisition of other businesses (in	ncluding the value of securities involved	in this		-	
	ange for the assets or securities of anothe	rıssuer 🗆 💲		_ □ \$ _	
Repayment of indebtedness		□ \$ _		_ 🗆 💲	
· Working capital		🗆 s _			
Other (specify): Private equity :	and equity related investments.			⊠ \$ _	205.0
		_			
Column Totals		□ s _		_ Ø \$	205,0
Column Totals	uls added)	□ s _	⊠ \$	205,00	205,0
Column Totals Total Payments Listed (column total)	uls added) D. FEDERAL SIGNAT gned by the undersigned duly authorized points to the U.S. Securities and Exchange Co	URE serson. If this noti	⊠ \$ce is filed under Ru	205,00	205,0
Column Totals Total Payments Listed (column total payments Listed (column total payments and the issuer has duly caused this notice to be significant to any non-accredited investor payments.)	uls added) D. FEDERAL SIGNAT gned by the undersigned duly authorized points to the U.S. Securities and Exchange Co	URE serson. If this noti	⊠ \$ce is filed under Ru	205,00	205,0
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